C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6628 FAX 208-364-1888

August 14, 2009

Teresa Carpenter, Administrator Preferred Community Homes—Courtyard 615 Second Avenue West Wendell, Idaho 83355

Dear Ms. Carpenter:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Preferred Community Homes—Courtyard, which was concluded on August 10, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Teresa Carpenter, Administrator August 10, 2009 Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.

For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by <u>August 24</u>, <u>2009</u>, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Jugh Bankly

Facility Fire Safety and Construction Program

TB/lj

Enclosures

Printed: 08/13/2009 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 13G057 08/10/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTY 615 W. 2ND STREET WENDELL, ID 83355 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 000 INITIAL COMMENTS K 000 INITIAL COMMENTS K 000 "Preparation and implementation of this plan of correction does not constitute The facility is a single story, Type V (000), admission or agreement by Courtyard residential type building. It was built/completed in with the facts, findings or other November of 1996. It is sprinklered in living statements as alleged by the state spaces and closets with Quick Response agency dated August 10, 2009. sprinkler heads. It has a complete fire Submission of this plan of correction is alarm/smoke detection system. Currently it is required by law and does not evidence licensed for 8 ICF/MR beds. the truth of any or some of the findings as stated by the survey agency. The facility was found to be in substantial compliance with applicable fire/life safety Courtyard - Preferred Community Homes, specifically reserves the right to requirements during the annual Fire/Life Safety move to strike or exclude this document survey conducted on August 10, 2009. The as evidence in any civil, criminal or facility was surveyed under the LIFE SAFETY administrative action." CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies. Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The Survey was conducted by: Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction AUG 25 2009
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

penter

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Deresa

PRINTED: 08/13/2009 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G057 08/10/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 615 W. 2ND STREET PREFERRED COMMUNITY HOMES - COURTYARD WENDELL, ID 83355 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The facility is a single story, Type V (000), residential type building. It was built/completed in November of 1996. It is sprinklered in living spaces and closets with Quick Response sprinkler heads. It has a complete fire alarm/smoke detection system. Currently it is licensed for 8 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in

RECEIVED The following deficiencies were cited during the fire/life safety survey on August 10, 2009. AUG 2 5 2009 The Survey was conducted by: FACILITY STANDARDS

MM311

Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction

16.03.11.110.01(a) Structurally Sound

IDAPA 16.03.11 Rules Governing Intermediate

Care Facilities for the Mentally Retarded

(ICF/MR).

Findings include:

The facility must be structurally sound and must be maintained and equipped to assure the safety of residents, employees and the public. This Rule is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that the facility was being maintained to assure the safety of residents.

During the facility tour on August 10, 2009 at 10:10 AM it was discovered that in the furnace room there was a hole in the ceiling measuring approximately six inches in size. This deficiency M311 16.03.11.110.01(a) Structurally Sound

The hole in the furnace room has been repaired. Monthly checks of the building will be conducted to ensure the deficient will not recur.

To be completed by the RSC, and the maintenance man by 08/18/09.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

BCM321

(X6) DATE

MM311

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X4) PROVIDER/SUPPLIER/CLIA A. BUILDING

(X4) MULTIPLE CONSTRUCTION

A. BUILDING

(X5) MULTIPLE CONSTRUCTION

(X6) DATE SURVEY COMPLETED

(X7) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREFERRED COMMUNITY HOMES - COURTYARD 615 W. 2ND STREET WENDELL, ID 83355						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE		
MM311	Continued From Page 1	MM311				
MM335	was witnessed by surveyor and facility staff. 16.03.11.110.04(a) Diagram of Building A diagram of the building showing emergency protection equipment, evacuation routes, and exits must be conspicuously posted throughout the facility. An outline of emergency instructions must be posted with the diagram. This Rule is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that a diagram displaying the location of emergency equipment and evacuation routes were posted in the facility.	MM335	MM335 16.03.11.110.04(a) Diagram of Building The facility will have posted A diagram/emergency Plan Posted in the facility, in the Front of the house at the kitchen, and at the back hallway. This will be monitored and checked Monthly to ensure the deficient Will not recur. To be completed by the RSC, and Maintenance man by 09/15/09.			
MM344	During the facility tour on August 10, 2009 at 10:05 AM staff revealed that the facility did not have a diagram or emergency plan posted in the facility because it had been taken down to be rewritten. 16.03.11.110.06(e) Automatic Sprinkler Systems Automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable NFPA Standard 13a (1978 edition), "Care and Maintenance of Sprinkler Systems." This Rule is not met as evidenced by: Based on record review it was determined that the facility failed to ensure that the automatic sprinkler system was being annually inspected. Findings include:	MM344	MM344 16.03.11.110.06(e) Automatic Sprinkler Systems The facility has had its annual automatic sprinkler systems inspection done on 08/18/09. the annual inspection will be one yearly to ensure this deficient will not recur. To be included on the monthly maintenance checklist. To be completed by the RSC, And Maintenance man by 09/15/09.			

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G057

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 02 (X3) DATE SURVEY COMPLETED

B. WING ___

08/10/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

615 W 2ND STREET

PREFERRED COMMUNITY HOMES - COURTYARD 615 W. 2ND STREET WENDELL, ID 83355						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
MM344	Continued From Page 2 During record review on August 10, 2009 at 9: AM it was discovered that the last documented annual automatic sprinkler system inspection was done on December 28, 2007. This deficiency was witnessed by surveyor and faci staff.	d				
MM345	Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standar 10 (1978 edition), "Portable Fire Extinguishers This Rule is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that the portable fire extinguishers were being annually serviced / maintained in accordance with NFPA 10. Findings include: During the facility tour on August 10, 2009 between the hours of 9:50 AM and 10:15 AM is was observed that the portable fire extinguisher were not being annually inspected. The fire extinguisher service tags were last dated December 2007. The findings were observed and noted by surveyor and facility staff.	n rd s." he	MM345 16.03.11.110.06(f) Portable Fire Extinguishers The facility had its annual inspection done on 08/18/09, its inspection included the fire extinguishers. A monthly checklist will be done to ensure the deficient will not recur. To be completed by the RSC, and Maintenance man by 09/15/09.			